## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼  C C00075820
Check If 24-hour report  48-hour report  New report  Amends report file	d on M M / D D / Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee ONMESSAGE INC  Mailing Address 2130 PRIEST BRIDGE DR # 11	Date 10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Amount
City State Zip Code CROFTON MD 21114	2831.56
MEDIA Type	Transaction ID : SE24-0.032015  ce Sought: House State: IL  Senate District: 11  President
Name of Federal Candidate Supported or Opposed by Expenditure:  WILLIAM G FOSTER  Che	eck One: Support X Oppose
Calendar Year-To-Date Per Election for Office Sought Dis 2012	bursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure  Category/ Type  Offi	ce Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Oppose
Calendar Year-To-Date Per Election for Office Sought	bursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	2831.56
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures	2831.56
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
KEITH DAVIS  [Electronically Filed] Date	10 17 2012
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